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A Pennsylvania Limited Liability Partnership
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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY**

GPS OF NEW JERSEY, P.C. A/S/O
T.U.,

Plaintiff,

v.

HORIZON BLUE CROSS BLUE
SHIELD, JOHN DOE (1-100), a
fictitious partnership, corporation, sole
proprietorship, limited liability
company and/or Self-Funded health
and welfare plan whose identity is
presently unknown,

Defendants.

No. 2:22-CV-06614-KM-JBC

**CERTIFICATION OF TRACY
COLLETTE**

Filed Electronically

I, Tracy Collette, hereby certify as follows:

1. I am a Manager in Horizon Blue Cross Blue Shield of New Jersey's ("Horizon") Complaint and Appeals Department. As part of my duties and responsibilities, I manage the resolution of out-of-network billing disputes for

inadvertent and/or involuntary out-of-network services in which Horizon and the out-of-network health care professional cannot agree upon reimbursement for such services and which are submitted for binding arbitration to a Certified Independent Dispute Resolution Entity pursuant to the No Surprises Act.

2. In carrying out these duties and responsibilities, I respond to provider-initiated arbitration requests on behalf of Horizon, and therefore have regular access to plan enrollment, provider information, and information related to claims associated with Horizon members or submitted to Horizon pursuant to the “BlueCard” program, including the claim relevant to this summary proceeding. I have read the Verified Complaint and, based on a review of records prepared and maintained by Horizon in the ordinary course of its business, I offer this certification in support of Horizon’s Opposition to Plaintiff’s Order to Show Cause and in Support of its Cross-Motion to Confirm the Arbitration Award.

3. Attached as **Exhibit 1** is a true and accurate copy of the “Federal Independent Dispute Resolution Process Notice of Offer” that Horizon submitted to the Certified Independent Dispute Resolution Entity, under IDR Dispute Reference No. DISP-03934, in connection with the binding NSA arbitration that is at issue in this matter.

I certify under penalty of perjury that the foregoing is true and correct.

Dated: 1/20/2023

Tracy Collette

Tracy Collette

EXHIBIT 1

**Federal Independent Dispute Resolution Process
Notice of Offer
(Non-Air Ambulance Services)**

Instructions for Disputing Parties for the Federal IDR process for non-Air Ambulance Services

Complete the information below about your offer of payment for qualified IDR items and services and return this form to the certified IDR entity along with supporting materials according to the instructions in the email you received from the certified IDR entity.

Provide the primary and secondary point-of-contact information for your party. If you're a third-party administrator, provide your contact information in the primary point-of-contact section below.

Parties may submit additional information related to the offer for the certified IDR entity to consider in making a payment determination regarding the appropriate out-of-network rate. This information should be submitted along with this offer to the certified IDR entity. Please include the case reference number on the top right-hand corner of each document. See the following link regarding additional factors that may or may not be considered in making the payment determination [HHS: insert link to guidance for disputing parties].

IMPORTANT REMINDER: The certified IDR entity fee and administrative fee must be paid by the time this offer is submitted.

IDR Dispute Reference Number (IDRE to complete prior to sending):

Organization Name (insert name of party whose offer this represents):

Primary point-of-contact information (this may include a third-party representative of a disputing party)

First and Last Name: Are you a third-party representative of a disputing party:

Mailing Address: City: State: Zip Code:

Email Address: Phone Number: Fax Number:

Secondary point-of-contact information

First and Last Name:

Mailing Address: City: State: Zip Code:

Email Address: Phone Number: Fax Number:

Select One: I am (or I am acting on behalf of) a(n):

Group health plans and FEHB Carriers Only - Indicate the type of coverage involved in the disputed claim by selecting one of the following:

Providers and Facilities - Indicate the size of your practice or facility by selecting one of the following:

Both Parties - Are the items or services that are subject to this dispute batched or bundled qualified item(s) or service(s):

Both Parties - Complete the Offer(s) of Payment Table below.

Both Parties	Both Parties	Both Parties	Providers and Facilities only	Plans/Issuers/FEHB Carriers only	Both Parties	Both Parties
Item or Service Code(s)	Item or Service Description(s)	Qualified Payment Amount(s) (QPA) expressed as a dollar amount for the applicable year (for the same or similar item or service as the qualified IDR item or service)	Enter your specialty or type of practice or facility such as anesthesiologist, plastic surgeon, etc. in the dispute in the box below.	Coverage area and relevant geographic region for purposes of the QPA	Final Offer(s) of Payment expressed as a dollar amount	Final Offer(s) of Payment expressed as a percentage of the QPA
13152	Surgery / integumentary system	\$362.05		07753	\$362.05	136%
99282 25	Under New or Established Patient Emergency Department Services	\$46.36		07753	\$46.36	136%
99053 XU	Under Miscellaneous Medicine Services	\$0.00		07753	\$0.00	136%
		\$408.41			\$408.41	